

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10661579  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2							52							
3							53							
4	1						54							
5	1						55							
6	1						56							
7		1					57							
8	1						58							
9							59							
10							60							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5						TOTAL IND.							
TOTAL DEP.	1						TOTAL DEP.							
TOTAL CLAIMS	6						TOTAL CLAIMS							